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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> (Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))	Attorney Docket No.	2993-471US SC/ip
	First Inventor	ELEFThERIOU, Andreas
	Title	INFLATABLE COMPRESSOR BLEED VALVE SYSTEM
	Express Mail Label No.	

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.	<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
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1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3. <input checked="" type="checkbox"/> Specification [Total Pages 11] (preferred arrangement set forth below) <ul style="list-style-type: none"> <li>- Descriptive title of the Invention</li> <li>- Cross References to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix.</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul>	a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li>ii. <input type="checkbox"/> paper</li> </ul> c. <input type="checkbox"/> Statements verifying identity of above copies

4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 4] 5. Oath or Declaration [Total Pages 2] <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d))              (for continuation/divisional with Box 18 completed)             <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b>                Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. 1.63(d)(2) and 1.33(b).</li> </ul> </li> </ul>	<b>ACCOMPANYING APPLICATION PARTS</b>
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9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))	10. <input type="checkbox"/> 37 C.F.R..3 .73 (b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)
11. <input type="checkbox"/> English Translation Document (if applicable)	12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations
13. <input type="checkbox"/> Preliminary Amendment	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent
17. <input type="checkbox"/> Other: _____	


18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an application Data Sheet under 37 CFR 1.76:


☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_

Group / Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The Incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

<input type="checkbox"/> Customer Number or Bar Code Label (In)	 32292 PATENT TRADEMARK OFFICE	<input checked="" type="checkbox"/> Correspondence address below (here)
Name		
Address		
City	State	Postal Code or Zip Code
Country	Telephone	Fax

Name (Print/Type)	Robert MITCHELL	Registration No. (Attorney/Agent)	25,007
Signature		Date	July 3, 2003

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## FEE TRANSMITTAL

**f r FY 2002**

*Patent fees are subject to annual revision.*

**Complete if Known**

Application Number	
Filing Date	
First Named Inventor	<b>ELEFThERIOU, Andreas</b>
Examiner Name	
Group /Art Unit	
Attorney Docket No.	<b>2993-471US SC/ip</b>

### METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit over payments to:
- Deposit Account Number **19-5113**
- Deposit Account Name **Ogilvy Renault**
- ☒ Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17

2. ☒ **Payment Enclosed:**  
☒ Check    ☐ Money Order    ☐ Other  
cheque no. 006283

### FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
101	750	201	375	Utility filing fee	750.00
106	330	206	165	Design filing fee	
107	520	207	260	Plant filing fee	
108	750	208	375	Reissue filing fee	
114	160	214	80	Provisional filing fee	
<b>SUBTOTAL (1) (\$)</b>					<b>750.00</b>

## 2. EXTRA CLAIM FEES

			Extra Claims		Fee from below		Fee Paid
Total Claims	28	- 20**=	8	X	18.00	=	144.00
Independent Claims	4	- 3**=	1	X	84.00	=	84.00
Multiple Dependent					280.00	=	0.00

\*\* or number previously paid, if greater; For Reissues, see below

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

<b>SUBTOTAL (2) (\$)</b>	<b>228.00</b>
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\*\* or number previously paid, if greater; For Reissues, see above

**FEE CALCULATION** (continued)


### 3. ADDITIONAL FEES

Large Entity		Small Entity				
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		Fee Paid
105	130	205	65	Surcharge - late filing fee or oath		
127	50	227	25	Surcharge - late provisional filing fee or cover sheet		
139	130	139	130	Non-English specification		
147	2,520	147	2,520	For filing a request for reexamination		
112	920*	112	920*	Requesting publication of SIR prior to Examiner action		
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action		
115	110	215	55	Extension for reply within first month		
116	400	216	200	Extension for reply within second month		
117	920	217	460	Extension for reply within third month		
118	1,440	218	720	Extension for reply within fourth month		
128	1,960	228	980	Extension for reply within fifth month		
119	320	219	160	Notice of Appeal		
120	320	220	160	Filing a brief in support of an appeal		
121	280	221	140	Request for oral hearing		
138	1,510	138	1,510	Petition to institute a public use proceeding		
140	110	240	55	Petition to revive - unavoidable		
141	1,280	241	640	Petition to revive - unintentional		
142	1,280	242	640	Utility issue fee (or reissue)		
143	460	243	230	Design issue fee		
144	620	244	310	Plant issue fee		
122	130	122	130	Petitions to the Commissioner		
123	50	123	50	Petitions related to provisional applications		
126	180	126	180	Submission of Information Disclosure Stmt		
581	40	581	40	Recording each patent assignment per property (times number of properties)		40.00
146	740	246	370	Filing a submission after final rejection(37 CFR § 1.129(a))		
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))		
179	740	279	370	Request for Continued Examination (RCE)		
169	900	169	900	Request for expedited examination of a design application		
Other fee (specify)						

Other fee (specify)

\* Reduced by Basic Filing Fee Paid

<b>SUBTOTAL (3) (\$)</b>	<b>40.00</b>
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SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	Robert MITCHELL	Registration No. (Attorney/Agent)	25,007	Telephone	514-845-7126
Signature				Date	July 3, 2003